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P.O. Box 942709  
 Sacramento, CA 94229-2709  
 PERS-AESD-139 (9/99)

## NOTICE OF EXCLUSION FROM CALPERS MEMBERSHIP

**Your employer has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit package which includes service retirement, death, and disability benefits.**

1. SOCIAL SECURITY NUMBER -- --		
2. CURRENT NAME (LAST) (FIRST) (MIDDLE)		
3. NAME OF PUBLIC AGENCY	4. DEPARTMENT OR SCHOOL DISTRICT NAME	5. JOB OR POSITION TITLE
6. TERM OF APPOINTMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		7. IF TEMPORARY, ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST. MONTHS
9. TIME BASE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INDETERMINATE		8. APPOINTMENT DATE MM DD YYYY

IF PART TIME, ENTER THE FRACTION OF FULL TIME:

***In your present position with this agency, you are excluded from CalPERS membership because:***

- ☐ 1. Your full-time seasonal or limited term appointment is limited to 6 months or less.
- ☐ 2. Your part-time appointment is limited to less than an average of 20 hours per week.
- ☐ 3. Your appointment is an on-call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) this fiscal year.
- ☐ 4. Your position is excluded by CalPERS contract agreement which excludes:

Enter contract exclusion (for Public Agencies only).

- ☐ 5. You are employed to render professional legal service to a city.  
 Exceptions: Persons holding the office of city attorney, deputy city attorney, or assistant city attorney.
- ☐ 6. You are an independent contractor.
- ☐ 7. You are employed as a student aide by a school district in a position established for students only and you are attending school in the same district (for County Schools only).

**NOTE:** If you are a member of CalPERS by previous employment (either you have funds on deposit or service credit), exclusions 1, 2, and 3 do not apply to you and you are a member in your present position. Be sure to notify your employer to complete a Member Action Request Form (PERS-AESD-1) to report your employment to CalPERS.

**If you believe that your employment does qualify you for CalPERS membership, ask your employer for an explanation. If you still have doubts, you may appeal directly to CalPERS by sending a letter to the Actuarial & Employer Services Division, Member Review Unit, at the address shown above, stating the reasons why you feel you should be a member.**

SIGNATURE OF CERTIFYING OFFICER	TITLE	DATE
SIGNATURE OF EMPLOYEE		DATE

**NOTE:** Benefits provided by CalPERS are described in the "CalPERS BENEFITS" information booklet available from your employer.